

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019717

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 231

Primary Registration District No. 2048

Registrar's No. 138

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY NODAWAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARYVILLE		c. CITY OR TOWN MARYVILLE	
Length of stay in lb 5 MOS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST FRANCIS HOSPITAL		d. STREET ADDRESS (If outside, give location) 409 W. 9th	
3. NAME OF DECEASED (Type or print) First CHESTER Middle UCLELL Last GORDON		4. DATE OF DEATH Month 5 Day 8 Year 1962	
5. SEX MALE	6. COLOR OR RACE CAU	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1906
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barbering	
11. BIRTHPLACE (City and state or country) Waterville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HARRY GORDON		13b. MOTHER'S MAIDEN NAME CORA DYER	
14. NAME OF HUSBAND OR WIFE Mrs. Ruth Gordon		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 28 Mrs. Ruth Gordon, Maryville Mo.	
17. INFORMANT 28 Mrs. Ruth Gordon, Maryville Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: multiple peripheral DUE TO (b) Etiology DUE TO (c) 8 months		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:33 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from November 1961 and last saw her alive on May 7-1962		Death occurred at 4:33 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. J. Jones MD (Degree or title)		22b. ADDRESS Maryville, Mo.	
22c. DATE SIGNED 5-9-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-10-1962	23c. NAME OF CEMETERY OR CREMATORY GRAHAM CEMETERY	
23d. LOCATION (City, town, or county) GRAHAM Mo.		(State)	
24. FUNERAL DIRECTOR Atchison - Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 5 14 62	
26. REGISTRAR'S SIGNATURE Bess Holt			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R M Atchison

Licensed Embalmer No.

2274

P. O. Address

Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.